

Testimony on Health Care Cost Control Benchmark

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Public Hearing of the Health Policy Commission March 11, 2020 at 12:00 noon.

Good afternoon Vice-Chair Cullinane, Commissioner Cohen, Director Seltz, legislators, commissioners and members of the Health Policy Commission staff,

My name is Michael Rubenstein. I am co-chair of the Greater Boston Interfaith Organization Health Care Action Team. The Greater Boston Interfaith Organization, or GBIO, comprises 41 dues paying institutions representing over 45,000 people in Greater Boston.

GBIO is here to voice our support for keeping the Health Care Cost Growth Benchmark at 3.1%, the lowest level allowed by law. Massachusetts residents are still feeling the burden of high health care costs. Keeping the Cost Growth Benchmark as low as possible is an important tool to hold health care providers and other health care organizations accountable to the people they serve.

While keeping this benchmark as low as possible, the health policy commission and other state agencies must also take further action to lower costs for residents of the commonwealth. As the ultimate policy recommendation in the 2019 Cost Trends Report says, Health care affordability must remain a central focus of the Commonwealth's health care agenda.

To this end, we urge the health policy commission to develop additional benchmarks and points of leverage to lower costs for Massachusetts residents.

- We applaud the new regulations developed by MassHealth and the Health Policy Commission to negotiate additional supplemental rebates from drug manufacturers, leading to \$43 million gross savings and \$18 million net savings to the Commonwealth as of February 29th, 2020.
- We urge the legislature to pass prescription drug reform that will allow the health policy commission to incorporate critical information from drug manufacturers into their analyses of health care costs as well as hold pharmaceutical companies accountable for the outrageous costs of specific drugs.
- 3. We lift up the work of the health policy commission on surprise out-of-network billing, a practice that overwhelms vulnerable Massachusetts residents.

4. We continue to focus on the many challenges to delivering affordable mental health and substance use disorder care. With so much mental health and substance use disorder care delivered without the benefit of health care insurance coverage, this is another important area where the cost control benchmark fails to reflect the burdens of Massachusetts residents.

To date, 542 GBIO members have met with 19 state representatives to push for legislative action and make health care more affordable. Despite the impact of the current state of emergency caused by the coronavirus, people continue to suffer from ongoing challenges accessing and affording the health care they need.

We finally want to urge legislatures to persevere, especially on those reforms where consensus exists. As was mentioned in Professor Cooper's keynote, there are no silver bullets and the worst outcome would be a repeat of last session's failure to make any reforms on health care whatsoever.

Our stories: losing a parent who couldn't afford their asthma medications, being left untreated for days in an emergency room waiting for a mental health care bed, deferring rent or food to pay a surprise out-of-network bill, happen to people across Massachusetts.

The health care cost growth benchmark expresses a human value: the cost of health care must be limited so that people's health is not determined by their ability to pay. We urge the health policy commission to stand strong in asserting this value as responsible stewards for the well-being of the people of Massachusetts.

Thank you.